FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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SEC USE ONLY Serial DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION, D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION (check if this is an amendment and name has changed, and indicate change.) EXCHANGE, LLC Name of Offering DONATION Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (\square check if this is an amendment and name has changed, and indicate change.) DONATION EXCHANGE, LLC THOMSON **FINANCIAL** Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 9272 Jeronimo Rd., Ste. 112, Irvine, CA 92618 (949) 305-0500 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Facilitation of property donations to nonprofit organizations. Type of Business Organization corporation limited partnership, already formed other (please specify): \Box business trust limited partnership, to be formed limited liability company Month Year Actual or Estimated Date of Incorporation or Organization: 077 013 X Actual Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

DE

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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SEC 1972 (6-02)



A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	artnership issuers; and
Each general and managing partner of partnership issuers.	
Charle Davidar) that Analysis MD Davids MD Dav	
Check Box(es) that Apply: X Promoter Beneficial Owner X Executive Officer XX Director Csira, David	General and/or Managing Partner
Full Name (Last name first, if individual) 9272 Jeronimo Rd. Ste. 112, Irvine, CA 92618	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter \ Beneficial Owner \ Executive Officer Director \ Wang, Benjamin C.	General and/or Managing Partner
Full Name (Last name first, if individual) 1315 Carmelina Avenue, #104, Los Angeles, CA 90025	
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Caswell, J. Bradley	General and/or Managing Partner
Full Name (Last name first, if individual) 326 Pennington-Harbourton Rd., Pennington, NJ 08534	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Ghazey, Kenneth	General and/or Managing Partner
Full Name (Last name first, if individual) 385 Nashawtuc Rd., Concord, MA 01742	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1	77		1 1			11 4	41 1 1		.1			Yes	No
1.	Has the	issuer soic	l, or does th			II, to non-a Appendix				•	***************************************		X
2.	What is	the minim	um investn					· -				\$ 25	,000
•	*/ IIu 15	mic minim	um mvostii	ioni that v	111 00 0000	prod from t	iny marvid			***************************************	***************************************	Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?		•••••			•••••	X	
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Full Name (Last name first, if individual)												
Bus	iness or	Residence	Address (N	umber and	Street, C	ity, State, Z	Lip Code)						
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-,- <u>,-</u> ,					
	(Check "All States" or check individual States)										☐ Al	1 States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (Last name	first, if ind	ividual)									-
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	To the besidence			, , , , , , , , , , , , , , , , , , ,		
Nar	ne of As	sociated Br	oker or De	aler								-	<u></u>
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)					•••••••		All States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, I	Zip Code)	<u>. </u>				, , , , -	
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)				•••••		•••••	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	, -	Aggregat			nt Already
	Type of Security	Offering Pr	ice	S	Sold
	Debt	\$	\$		
	Equity	\$	\$		
	Common Preferred				
	Convertible Securities (including warrants)	\$	\$		
	Partnership Interests	\$	\$;	
	Partnership Interests Other (Specify <u>LLC Interests</u>) Total	s5,000	000s	_	0 –
	Total	\$5,000	,000 _{\$}		0 –
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				ggregate ar Amount
		Investors			urchases
	Accredited Investors	<u>-90-</u>		» —	-0-
	Non-accredited Investors	-0-		\$	-0-
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security			ar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		□ \$	·	
	Printing and Engraving Costs	•••••	□ \$		
	Legal Fees		XX S	35	,000
	Accounting Fees	· · · · · · · · · · · · · · · · · · ·		3	
	Engineering Fees	·····			
	Sales Commissions (specify finders' fees separately)				
	Other Expenses (identify)				
	Total		<u>X</u>	35	5,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	s ·	<u>\$4,965,00</u> 0
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	78300,000	対 \$3,065,000
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment	_	_
	Construction or leasing of plant buildings and facilities	<u>\$</u>	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital	_	
	Other (specify): Advertising	 \$	X\$600,000
		. 🗀 \$	<u> </u>
	Column Totals	⊠\$ <u>300,000</u>	滋 \$ <u>4,665,0</u> 00
	Total Payments Listed (column totals added)	∑ \$ <u>4</u> ,	<u>965,0</u> 00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	
Īss	uer (Print or Type) Signature (Date /2-22	-03
Na	me of Signer (Print or Type) DAVID J. CSIRA Title of Signer (Print or Type) PRESIDENT		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				AP	PENDIX					
1	Intend to non-a investor	I to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited					
AL										
AK										
AZ										
AR					***					
CA		×	5,000,000	6	Q	0	Q		\	
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DC										
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IN							10			
IA										
KS										
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MD		×	5.000.000	0	0	0	6		,	
MA		×	5,000,000	~O	0	0	0		.,	
MI										
MN										
MS										

	APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited					
МО										
МТ										
NE										
NV										
NH										
NJ		X	5,000,000	Ø	o ()	0	6		>	
NM										
NY										
NC										
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PA		X	5,000,000	6	0	0			\	
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SC								_		
SD										
TN										
TX				ļ						
UT										
VT										
VA										
WA					_					
WV										
WI										

	APPENDIX													
1		2	3		-	5 Disqualification								
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)									
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
WY														
PR														